·.	TION	10 N RECORD  flective December 8, 2004				Application of Docket Number								
FOR		LICATION AS FILED -		(Column 2)			SMALL ENTITY			,	OR	OTHER THAN SMALL ENTITY		
ASIC FEE		NUMBER FILED		NUM	NUMBER EXTRA		RATE (\$)		FEE (1)				RATE (\$)	
SEARCH FEE		N/A			N/A									
37 CFR 1 16(N. (4), or (mg)		N/A			N/A		NA .		\$250			N/A		300.00
XAMINATION FEE 37 CFR 1 16(a), (p), or (q))		N/A			N/A		<del>   </del>					N/A N/A		\$500
OTAL CLAIMS 17.CFR 1 16(0)							NA		\$100		.			\$200
DEPENDENT CLAIMS		minus 20 =		•			X\$ 25	ا			OR	X\$50		
7 CFR 1 16(N))		minus 3 =		• •	• •		X100	$\cdot$ T				X200	-	-
		If the specification and of sheets of paper, the app is \$250 (\$125 for small e additional 50 sheets or fr 35 U.S.C. 41(a)(1)(G) and		chication size fee due chity) for each action thereof. See ad 37 CFR 1.16(s).						1			1	
JL-TIPLE DEPENDENT CLAIM PRESENT (37 CFR I 16(1))						11	+180=	+		$\neg$	<b>-</b>	+360=		· .
the difference in column 1 is less than zero, enter "O" in column 2.						J L					L	43002		•
APF	(Colu	ON AS AN		lumn 2)	(Column 3)		TOTAL SMALI	L EM	יווי	<b>۔</b> ،	OR .	TOTAL  OTHE	RTI	HAN ,
10/14/01 Total	AF AMEN	LINING TER DMENT	NUM PREVI PAID	HEST MBER IOUSLY FOR					ADDI- TONAL EE (\$)		1	SMALL EN		ADDI- TIONAL
independent .	6		Minus G				X\$ 25 . 1		1	OR X		\$50		FEE (1)
OF CFR LIGHT		2	1 9	-		X	100	1	_	7	1.	200	+-	-
Application Size								1		OR	~	200 -	_	1
FIRST PRESENT	ATION OF	MULTIPLE DEP	ENDENT CLUM	(37 CFR 1	.16@)	T	180=			1		200	<del> </del>	-
		:	•	•	•		TAL D'L FEE			OR OR	10	360= TAL	_	
	(Calum	<u> </u>	· (Colu	mn 2) (	olumn 3)					, 🔍	ADI	D'L FEE		+
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17 CFR (1.10(4)	•	Minu		8		Ye	25 .	FE	(5)		<u> </u>		· FE	ONAL E (\$)
idependent I7 CFR 1.16(h))	•	. Minu	5	-   -						OR	XSS	50 =		
pplication Size Fee (37 CFR 1.16(s))						<u> ~</u>	00			OR ·	X20	00.	:	
RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16@)						+1	BO=		$\dashv$	00	+36	50a		
the entry in colu the Highest Nur		on them the second		•		TOTA ADD1	L FEE			OR.	ATOT	il.		-

If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Is collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, buding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Infermation Officer, U.S. Patent DRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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